7

Assessment of Military Capabilities to Provide Emergency Response

In a sense, the subject of military emergency response capabilities in civil situations is beyond the scope of this study, which is focused on deployed forces. However, because the agencies responsible for the protection of our forces also have certain responsibilities during domestic CB terrorist incidents, this subject is treated briefly.

Because of recent concerns about possible CB terrorist incidents in the United States, various initiatives have been implemented and numerous studies undertaken to assess emergency response capabilities (e.g., GAO, 1999; IOM, 1999b). Many of these initiatives define the role of the U.S. military in coordination with other federal (e.g., the Federal Bureau of Investigation, the Federal Emergency Management Agency, the U.S. Department of Energy), state, and local agencies.

For example, the Domestic Preparedness Initiative, established in the FY 1997 Defense Authorization Bill (Public Law 104-201), commonly referred to as the Nunn-Lugar-Domenici legislation, provides funding for DoD to enhance the capabilities of federal, state, and local emergency responders in incidents involving NBC terrorism. In response, SBCCOM has set up a hot line to provide emergency responders and emergency planners with immediate access to information during a CB terrorist incident. SBCCOM also provides training to improve existing metropolitan response capabilities to CB incidents.

The Army has formed specialty response teams to complement the military medical response in the event of a local, national, or international CB attack. The two teams, which are required to be capable of deploying within 18 to 24 hours of notification, are the Special Medical Augmentation

Response Team-Preventative Medicine (SMART-PM) and the Special Medical Augmentation Response Team-Chemical/Biological (SMART-CB). The mission of the SMART-PM team is to provide initial assessments of disease and environmental health threats either prior to or in the initial stages of a contingency operation or during the early or continuing stages of a disaster.

The SMART-CB includes the National Medical Chemical-Biological Advisory Team (MCBAT) and the Regional Medical Command CB Specialty Response Teams (CB-SRTs). SMART CB components, which are elements of the DoD Chemical Biological Rapid Response Team, are required to be ready to deploy worldwide within four hours of receiving their orders. The responsibilities of the National MCBAT and the regional CB-SRT include: (1) providing medical advice to commanders or local authorities (a) on protecting first responders and other health care personnel, (b) on casualty decontamination procedures, and (c) on first aid and initial medical treatment; and (2) aiding in handling casualties.

USAMRICD has developed a Chemical Casualty Site Team with the capability of rapid deployment in support of DoD, the Foreign Emergency Response Team, or the Domestic Emergency Response Team. The personnel available for deployment can provide information on the medical effects of specific chemical warfare agents, identify chemical agents or their metabolites in biological samples, determine blood cholinesterase levels, provide technical and biomedical means to protect personnel responding to chemical incidents or to decontaminate personnel and casualties, and assist with mission planning. Military units can also provide training, advice, and assistance in bomb disposal and decontamination operations.

A 350-member Marine Corps unit, the Chemical Biological Incident Response Force (CBIRF), assists with evacuation, decontamination, and medical stabilization of victims. CBIRF is required to be able to have an advance party airborne within four hours of notification; however, given its limitations, this unit is likely to play a major role only when deployed to a site in advance (e.g., the 1996 Olympics in Atlanta) (IOM, 1999b).

Recently, the Army published a regulation stating that U.S. Army medical treatment facilities and clinics will provide assistance to civilian first responders in the event of a CB terrorist act and emergency room and in-patient treatment for both DoD beneficiaries and civilian casualties (U.S. Army, 1998). Requirements of the Surgeon General include: coordinating emergency medical CB response capabilities worldwide with other DoD, joint service, federal, state, local, and host nation agencies; maintaining medical CB response teams to address emerging infectious diseases and chemical accidents/incidents worldwide; and establishing policy and guidelines for managing and treating conventional and CB casualties.

The National Guard has established rapid assessment and initial detection (RAID) teams in 10 areas around the country (designated by the Federal Emergency Management Agency) to respond to terrorist attacks in the United States that involve CB agents. These teams are designated to be the first military responders sent to help civilian authorities detect and assess CB agents. They are also prepared to train local authorities in CB weapons detection, defense, and decontamination; assist in casualty treatment and evacuation; quarantine affected areas and people; and assist in restoration of infrastructure and services.

Many recommendations have recently been made to improve U.S. readiness to respond (e.g., GAO, 1999; IOM, 1999b), and initial efforts have been made to implement some of them. For example, to protect civilian emergency responders in the event of a CB warfare incident, the National Institute for Occupational Safety and Health (NIOSH), the SBCCOM, and the Occupational Safety and Health Administration are working together to provide respiratory protection for emergency responders. Currently, respiratory protection that is certified by NIOSH for use against CB agents is not available.

Much less attention, however, has been given to responding to CB attacks against U.S. facilities on foreign soil. Although many safeguards have been put in place since the attacks on the U.S. embassies in Kenya and Tanzania in October 1998, others have been identified and have been, or are in the process of being, added. In general, the U.S. Department of State and the Federal Bureau of Investigation are primarily responsible for dealing with these types of incidents; however, the host nation often provides medical treatment and works with the United States in response to the attack. Documentation obtained during the course of this study did not include the role of the military in these types of attacks.

Based on a presentation about the proposed NATO Long-Term Scientific Study on Chemical and Biological Defense (Medema, 1999), there are significant deficiencies in doctrine and guidance for emergency responses in allied countries. No provisions are being made to ensure that host nation forces are equipped with CB protective equipment compatible with the equipment used by U.S. forces. Nor are there provisions for training foreign nationals engaged in mission-critical activities on U.S. bases in host nations that might be targets for CB attack.

FINDINGS AND RECOMMENDATIONS

Finding. Because numerous agencies will respond to a domestic CB incident, close cooperation will be necessary for the response to be efficient and effective. Unless civilians (e.g., first responders, employees of relevant state and local agencies, etc.) who respond to domestic CB incidents

are equipped with protective and decontamination equipment that is compatible with equipment used by the military, coordination will be difficult if not impossible.

Recommendation. The Department of Defense, in collaboration with civilian agencies, should provide compatible equipment and training to civilians (e.g., first responders, employees of relevant state and local agencies, etc.) who respond to domestic chemical and/or biological incidents to ensure that their activities can be coordinated with the activities of military units. Doctrine and guidance should be developed on an interagency basis.

Finding. Doctrine and training are not well developed for mission-critical civilians working at military installations that might become targets of chemical and/or biological attacks.

Recommendation. Coordinated doctrine, training, and guidance on individual protective equipment, collective protective equipment, and decontamination for civilians working at military installations should be established on a joint service, interagency and coalition basis.